



Appl No 09/936,668

Amdt dated February 18, 2005

Reply to Office Action of August 14, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jack T. Leonard
Serial No. : 09/936,668
Filed : September 13, 2001
For : Method of Ultrafiltration
Examiner : Kim, Sun U
Art Unit : 1723
Attorney
Docket No. : MCA-448A US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office Action dated August 18, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on Page of this paper:

Amendments to the Claims are reflected in the listing of claims which begins on Page 2 of this paper.

Amendments to the Drawings

Remarks/Argument begin on Page 6 of this paper.

An Appendix is attached.



Attorney Docket No. MCA-448A PC/US
Amendment Dated: February 18, 2005

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicants: Jack Thacher Leonard

Application Number: 09/936,668 Group Art Unit: 1723

Filed: September 13, 2001 Examiner: Sun U. Kim

Title: Method of Ultrafiltration

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment in the above-identified application. In lieu of filing a Notice of Appeal in reply to the Office Action made final, Applicant's Attorney is filing a Request for Continued Examination (RCE). Reconsideration and further examination are requested.

- No additional fees under 37 C.F.R. Rule 1.16 are required.
 The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest Number Previously Paid For		(Col. 3) Present Extra	Rate	Add'l Fee
Total	* 29	-	** 33	=	0	X50	0
Indep.	* 9	-	*** 9	=	0	X200	0
TOTAL ADDITIONAL CLAIM FEE:							0
Extension of Time under 37 CFR 1.136(a)							\$1020
Request for Continued Examination							\$790
TOTAL FEE:							\$1810

* If the entry in Col. 1 is less than entry on Col. 2, write "0" in Col. 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

- A check in the amount of \$ _____ is attached.
 Charge \$ 1810.00 to Deposit Account No. 13-3577. A duplicate copy of this sheet is attached.
 Please charge any additional fees or credit overpayment to Deposit Account No. 13-3577.

Respectfully submitted,

John Dana Hubbard
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